STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G696	A. BUILDING 00 B. WING	12/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	336 W 56TH ST MERRILLVILLE, IN 46410

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W0000	W0000 This visit was for the post certification revisit to an extended recertification and state licensure survey completed on October 19, 2012. Date of survey: December 14, 2012 Facility number: 003103 Provider number: 15G696 AIM number: 200317190 Surveyors: Christine Colon, Medical Surveyor III/QMRP-Team leader Paula Chika, Medical Surveyor III/QMRP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/2/13 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to ensure the clients' rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions. Findings include: 1. A review of client #1's record was conducted at the facility's administrative office on 12/14/12 at 2:35 P.M.. Client #1's record indicated she was an emancipated adult. Review of client #1's medical record indicated: Notation dated 4/19/12: "Hospital called Service Coordinator (SC) requesting a DNR (Do Not Resuscitate). SC informed them [client #1] signs for herself. They won't accept that due to history of alzheimers." Notation dated 4/19/12: "Hospital trying to reach family for consent for a PIC line and DNR."	W0125	The agency is actively searching for guardians for three of the clients in the home. They are currently on a waiting list with Northwest Indiana Adult Guardianship Services. We are currently looking into other options for guardianship. Service Coordinator will have submitted at least one other application for each client by 1/14/13. To ensure future compliance, Service Coordinator will review Need for Guardianship assessment for all clients to ensure those clients who need a Guardian can get one. Service Coordinator will monitor the Guardianship process bi-weekly to assess progress.	01/14/2013

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	Notation dated 4/20/12: "Hospital states the PIC line has become an emergency issue since its the only way they can get antibiotics into [client #1]." Notation dated 4/22/12: "Group home staff called the SC stating that [client #1] has been moved to ICU (Intensive Care Unit) because she coded during the night and needed intubation...Doctor wants to scope her lungs in the morning in hopes to open any blockage that may be there." Notation Dated 5/2/12: "SC visited [client #1]. She had been off the vent for a few days but had to be put back on." Notation dated 5/4/12: "SC visited [client #1]. Kidneys have stopped functioning. She's on dialysis, most likely permanently." Notation dated 5/10/12: "SC visited [client #1]. Remains on vent. Floor nurse stated she's unlikely to improve without a trach (tracheostomy-surgical hole that goes into windpipe and tracheostomy tube is put it)." Notation dated 5/14/12: "Group home staff called SC and stated that while at the hospital she was informed that the hospital has been trying to reach the			

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	family regarding the trach situation. Unable to reach family." Notation dated 5/14/12: "Received a phone call from [Doctor name], he stated that the hospital has been unsuccessful in contacting client's relatives for a consent for a trach, which is needed asap (As soon as possible), or he feels she will worsen on the ventilator. SC notified, nurse also notified." Notation dated 5/18/12: "SC and hospital still unable to reach family. No answer and no return call from the many messages left. Hospital is considering appealing to the courts to have guardian appointed for her." Notation dated 6/18/12: "[Client #1] was discharged from [Hospital name]...She will be receiving dialysis 3 days a week." Notation dated 6/27/12: "Nursing assessment performed at client's home...Non-verbal, communicates with minimal sign language...Approximately 1-2 cm (centimeter), 0 depth open area noted to buttock, will obtain order tomorrow." Notation dated 10/1/12: "I received a phone call from group home, DSP (Direct Support Professional) on 9/29/12, stated			

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	that consumer went to [Dialysis Center name] for her dialysis treatment. Staff noted that after assessing her dialysis catheter a greenish substance excreted from the dialysis catheter port." Notation dated 10/2/12: "...Consumer was doing good although admitted due to Sepsis. She has a staph infection in her blood and a UTI (Urinary Tract Infection). Consumer is on two IV (Intravenous) antibiotics." The Conference Summary dated 7/1/12 indicated: "Needs assistance in making major life decisions." The Developmental Assessment dated 7/1/12 indicated: "Does not use money. She shops with very close supervision. Needs assistance in banking and budgeting." The Individual Support Plan (ISP) dated 7/15/12 indicated: "Individual's Diagnosis: Seizure Disorder, Hypertension, Hypothyroidism, Hearing Impairment...Comments: Receives anti seizure medications monitored by neurologist..Hypothyroidism, hypertension, severe arthritis, unsteady gait, fall risk, GERD (Gastro-Esophageal Reflux Disease) at risk for heartburn and discomfort and GI (Gastro Intestinal) bleeding, peripheral vascular insufficiency-swelling of legs, skin breakdown due to dermatitis...Will			

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	gesture information about medication...will continue to match coins to said like coins-match with identical likeness...Will learn to trace and or point to her address and telephone number...Will continue to learn/identify 4 new sign language words and to recognize and communicate with her communication book." The "Annual Team Meeting" dated 7/16/12 indicated: "[Client #1] is improving her health and safety skills by learning to identify where she takes her medication...The General Risk Factors Assessment was completed by the IDT (Inter Disciplinary Team) during this annual meeting. The IDT determined and agreed that she needs a Seizure, Hypothyroidism and Hypertension, and Fall High Risk Plan, risk for further skin breakdown related to dermatitis and increased incontinence, GERD, pain from arthritis." Further review of client #1's record failed to indicate she had any immediate family members that were actively involved. 2. A morning observation was conducted at the group home on 12/14/12 from 5:50 A.M. until 7:50 A.M.. During the entire observation client #2 sat in a chair holding her head. Client #2 did not communicate and when asked questions looked off and then began holding her head with no response. Client #3 sat in a			

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	wheelchair and when asked questions began talking about other subjects not related to the questions. A review of client #2's record was conducted at the facility's administrative office on 12/14/12 at 2:20 P.M.. Client #2's record indicated she was an emancipated adult. Review of client #2's medical record indicated: Notation dated 4/18/12: "[Client #2] was taken by staff to [Hospital name] ER (Emergency Room) because she was very unsteady on her feet and having difficulty walking. DX (Diagnosis) ear infection." Notation dated 5/22/12: "Received an incident report this afternoon from staff stating the [client #2] got up in the night, and without asking for staff assistance and fell hitting her left eye and nose. Left eye has 3 inch bruise above the eyebrow and nose has a small red area on the bridge. Ice pack applied." Notation dated 6/26/12: "Gait problems...Unable to stand or ambulate...unable to stand." Notation dated 6/27/12: "During a visit at the group home, staff stated there has			

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	been a noted change in condition, gait unsteady, occasional confused conversation." Notation Dated 6/28/12: "Patient was admitted for Dilantin toxicity." Notation dated 6/29/12: "Called [Hospital name] for F/U (follow up) on consumer. Consumer doing well, Dilantin level 38.5 (normal range is 10 to 20 micrograms) at this time." Notation dated 7/2/12: "F/U call to [Hospital name]. Consumer doing well Dilantin level was 19.8. A ENT (Ear Nose and Throat) consult requested due to consumer having a sinus infection." Notation dated 7/15/12: "F/U call to [Hospital name]. Consumer is having procedure of Left Debridement Mastoid cavity done this morning...Dilantin level is 15.4." Notation dated 7/10/12: "[Client #2] was discharged on 7/9/12. She had a decrease in her Dilantin dose and four new medications." Notation dated 8/20/12: "Staff reported that consumer is getting worst (sic). She is not doing anything for herself. Stated also is wetting and stooling on herself,			

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	she is not walking or feeding herself." Notation dated 9/17/12: "I was informed by group home staff that consumer was not getting better. She is now having a lot of bruising to various areas of her body. Also she is holding her head all of the time." The Conference Summary dated 5/26/10 indicated: "Continues to receive assistance in making major life decisions." The Developmental Assessment dated 5/11/10 indicated: "All of her banking and budgeting procedures must be done with assistance. She cannot be sent on shopping errands. She does no shopping. She does not appear to understand time intervals or equivalents. She does not appear to associate time on the clock with various actions or events." The Individual Support Plan (ISP) dated 4/25/12 indicated: "Individual's Diagnosis: Seizure Disorder, Profound Hearing loss...Comments: Has seizure disorder, condition and medications monitored by neurologist...Profound bilateral hearing loss, has constant ear infections, on medication daily...Receives multiple medications for various physical conditions...GERD-receives medication, Dermatitis-related skin breakdown...Will learn to identify Dilantin and information about it...Will continue to match			

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	coins...Will continue to relearn to write her name...When given the opportunity, will make a purchase." Further review of client #2's record failed to indicate she had any immediate family members that were actively involved. 3. A review of client #3's record was conducted at the facility's administrative office on 12/14/12 at 2:50 P.M.. Client #3's record indicated she was an emancipated adult. The Conference Summary dated 12/20/11 indicated: "Needs assistance in making major life decisions." The Developmental Assessment dated 10/19/12 indicated: "Does not use money. Cannot be sent on independent shopping errands. Shops with close supervision. She requires assistance with all banking/budgeting needs. Needs assistance in telling time and does not understand time intervals or equivalents. Does not associate time on a clock with various actions and events. She cannot name the days of the week and refer correctly to morning and afternoon. She does not appear to understand the difference between day of the week, minute-hour, month-year." The ISP dated 4/19/12 Indicated: Diagnosis: Psychotic Disorder Unspecified, Bipolar Disorder...Will (sic) her money skills by earning to make change for $1.00 using various coins...Will improve her (number)			

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	skills by reciting her address...Will improve her academic skills by relearning to print her name...Will improve her health and safety skills by stating the purpose of clozapine." Further review of client #3's record failed to indicate she had any immediate family members that were actively involved. An interview with the Service Coordinator (SC) was completed at the facility's administrative office on 12/14/12 at 3:50 P.M.. The SC indicated clients #1, #2 and #3 did not have legally sanctioned decision makers to assist them with financial and medical decisions. The SC further indicated clients #1, #2 and #3 were incapable of independently managing their finances and unable to independently make financial and medical decisions. This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			

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W0218	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview, for 1 of 3 sampled clients (client #2) who had unsteady gait with documented falls with injury and used a wheelchair, the facility failed to have a completed assessment that addressed all of client #2's mobility needs. Findings include: A morning observation was conducted at the group home on 12/14/12 from 5:50 A.M. until 7:50 A.M.. At 6:30 A.M., Direct Support Professional #2 (DSP) walked with her arms around client #2's chest, while standing behind her. Client #2 had unsteady gait and needed complete assistance from staff while walking to a chair. During the remainder of the observation period, client #2 sat in a chair holding her head. Client #2 did not communicate and when asked questions looked off and then began holding her head with no response. A review of client #2's record was conducted at the facility's administrative office on 12/14/12 at 2:20 P.M.. Review of client #2's medical record indicated: Notation dated 4/18/12: "[Client #2] was	W0218	The agency has secured a PT evaluation for the client in question on--- 11/27/12. The evaluation did not recommend a wheelchair. PT assessment recommended a gait belt and exercises to be performed at home. A Second opinion will be sought be 1/31/13 to address her continued mobility issues. To ensure future compliance, Service Coordinators will monitor all clients to ensure their adaptive equipment meets their needs. Service Coordinators will work with Nurses and the Health Care Manager to ensure all necessary assessments are completed.	01/31/2013

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	taken by staff to [Hospital name] ER (Emergency Room) because she was very unsteady on her feet and having difficulty walking. DX (Diagnosis) ear infection." Notation dated 5/22/12: "Received an incident report this afternoon from staff stating the [client #2] got up in the night, and without asking for staff assistance and fell hitting her left eye and nose. Left eye has 3 inch bruise above the eyebrow and nose has a small red area on the bridge. Ice pack applied." Notation dated 6/26/12: "Gait problems...Unable to stand or ambulate...unable to stand." Notation dated 6/27/12: "During a visit at the group home, staff stated there has been a noted change in condition, gait unsteady, occasional confused conversation." Notation date 7/17/12: "Patient seen for initial examination (Physical Therapy). Patient is dependent with transfer and ambulation." Further review did not indicate the PT assessment had been conducted/completed. No recommendations were noted in client #2's record. Notation dated 8/20/12: "Staff reported			

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	that consumer is getting worst (sic). She is not doing anything for herself. Stated also is wetting and stooling on herself, she is not walking or feeding herself." Further review of client #2's record failed to have an assessment that addressed her mobility needs. An interview with the Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 12/14/12 at 3:30 P.M.. When asked if client #2 had any completed assessments to address her unsteady gait, the LPN stated "No." There was no documentation available for review to indicate client #2 had an assessment conducted/completed to address her use of a wheelchair at all times for mobility and to address her documented falls with injury. This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)			

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W0240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (client #1), who was being treated for a fungal rash, the client's Individual Support Plans (ISP) failed to include guidelines on how and when staff were to clean and care for client #1's fungal rash. Findings include: A review of client #1's record was conducted at the facility's administrative office on 12/14/12 at 1:00 P.M.. Review of client #1's Individual Support Plan (ISP) dated 7/16/12 indicated client #1 has skin breakdown due to dermatitis. The record indicated client #1 was treated at the wound clinic for fungal rash. Client #1's record indicated a most current "Skin Breakdown" risk plan dated 6/27/12 which did not address care for her fungal rash. Client #1's ISP did not indicate guidelines on how and when staff were to assist the client with bathing/cleaning/caring for her fungal rash. An interview with the Licensed Practical Nurse (LPN) #1 was conducted on 12/14/12 at 12:10 P.M.. The LPN	W0240	This client will be discharged from the wound clinic on 1/10/13. The fungal rash has healed. To prevent future rash or skin breakdown a risk plan for skin integrity will be developed for this client and all other consumers whom are at risk for skin breakdown by 1/31/13. To ensure future compliance, Service Coordinators will review ISPs any time a client has a new episode of skin breakdown. ISP will be updated to include any new risk plans, as well as individualized instructions to care for client's skin.	01/31/2013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	indicated client #1 was being treated at the wound clinic for a fungal rash. The LPN indicated client #1's ISP did not address or give guidance for staff on how to clean/monitor/ care for client #1's fungal rash. The LPN further indicated the facility did not have a plan in place for the care of client #1's fungal rash. 9-3-4(a)			

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	15G696	A. BUILDING 00 B. WING	12/14/2012

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W0268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2) to promote dignity when incontinent in public areas. Findings include: A review of the facility's internal incident/accident reports and Bureau of Developmental Disabilities Services reports was conducted at the facility's administrative office on 12/14/12 at 12:58 P.M.. Review of the reports indicated: 1. Incident/Accident Report dated 10/22/12: "Waiting at North Center for clients to come out of the building, I notice (sic) a stench from a bag that was tied to [client #2] (sic) chair. I opened bag and her pants was (sic) there with feces in them. When she got home other (sic) notice it on her too like she haden (sic) been cleaned." 2. Incident/Accident Report dated 10/22/12: "Client came home with feces in her pant's (sic) and in her pull up while staff was assisting her with her shower, and washing her buttock towel became	W0268	The Service Coordinator will work with the Developmental Specialist to develop a method for ensuring clients' dignity is being preserved in regards to incontinence. A toileting schedule will be implemented to ensure the consumer is dry prior to transportation and a method of communicating her toileting /clothing needs will be implemented to ensure the consumer is dry and her dignity is preserved by 1/14/13. To ensure future compliance, Service Coordinator and Developmental Specialist will develop a procedure to ensure all clients at all houses leave Day Services clean and with dignity intact.	01/14/2013

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	cover (sic) with feces had to rinse towel 2 to 3 times before none was seen." An interview was conducted with the Service Coordinator (SC) on 12/14/12 at 1:40 P.M.. The SC indicated client #2 was incontinent and she was made aware of the incident by email from staff. The SC further indicated the group home staff indicated client #1 came home from the facility owned day program with feces on her. 9-3-5(a)			

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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2) by not ensuring they received nursing services according to their medical needs. Findings include: 1. A morning observation was conducted at the group home on 12/14/12 from 5:50 A.M. until 7:50 A.M.. At 6:30 A.M., Direct Support Professional #2 (DSP) walked with her arms around client #2's chest, while standing behind her. Client #2 had an unsteady gait and needed complete assistance from staff while walking to a wheelchair. During the remainder of the observation period, client #2 sat in a wheelchair holding her head. Client #2 did not communicate and when asked questions looked off and then began holding her head with no response. An interview with DSP #1 was conducted on 12/14/12 at 6:10 A.M.. DSP #1 stated client #2 was completely independent and "all of a sudden she just started not doing anything for herself." DSP #1 stated client #2 "had an ear infection and she started having falls and then after her	W0331	A general risk factors assessment will be completed on each of the clients living at 56 th by 1/15/13. Any risk factors not previously addressed will have risk plans developed by the community service nurse with the service coordinator by 1/31/13 To prevent further concerns the quarterly Nursing assessment was revised to include monitoring of risk plans. It was also revised to include an evaluation of the frequency of future nursing assessments. Work instructions for this nursing assessment will be revised by 1/31/13. The service coordinator will monitor that quarterly nursing assessments were completed on a quarterly basis.	01/31/2013

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	hospitalization for dilantin toxicity, she just regressed and no one knows why." A review of client #2's record was conducted at the facility's administrative office on 12/14/12 at 2:20 P.M.. Review of client #2's medical record indicated: Notation dated 4/18/12: "[Client #2] was taken by staff to [Hospital name] ER (Emergency Room) because she was very unsteady on her feet and having difficulty walking. DX (Diagnosis) ear infection." Notation dated 5/22/12: "Received an incident report this afternoon from staff stating the [client #2] got up in the night, and without asking for staff assistance and fell hitting her left eye and nose. Left eye has 3 inch bruise above the eyebrow and nose has a small red area on the bridge. Ice pack applied." Notation dated 6/26/12: "Gait problems...Unable to stand or ambulate...unable to stand." Notation dated 6/27/12: "During a visit at the group home, staff stated there has been a noted change in condition, gait unsteady, occasional confused conversation." Notation date 7/17/12: "Patient seen for			

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	initial examination (Physical Therapy). Patient is dependent with transfer and ambulation. Further review did to indicate the PT assessment had been conducted/completed. No recommendations were noted in client #2's record. Notation dated 8/20/12: "Staff reported that consumer is getting worst (sic). She is not doing anything for herself. Stated also is wetting and stooling on herself, she is not walking or feeding herself." Further review of client #2's record failed to have an assessment that addressed her mobility needs. 2. A review of client #1's record was conducted at the facility's administrative office on 12/14/12 at 1:00 P.M.. Review of client #1's Individual Support Plan (ISP) dated 7/16/12 indicated client #1 has skin breakdown due to dermatitis. The record indicated client #1 was treated at the wound clinic for fungal rash. Client #1's record indicated a most current "Skin Breakdown" risk plan dated 6/27/12 which did not address care for her fungal rash. Client #1's ISP did not indicate guidelines on how and when staff were to assist the client with bathing/cleaning/caring for her fungal rash.			

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	An interview with the Licensed Practical Nurse (LPN) #1 was conducted on 12/14/12 at 12:10 P.M.. The LPN indicated client #1 was being treated at the wound clinic for a fungal rash. The LPN indicated client #1's ISP did not address or give guidance for staff on how to clean/monitor/ care for client #1's fungal rash. The LPN further indicated the facility did not have a plan in place for the care of client #1's fungal rash. When asked if client #2 had any completed assessments to address her unsteady gait, the LPN stated "No." There was no documentation available for review in the record to indicate client #2 had an assessment conducted/completed to address her use of a wheelchair at all times for mobility and to address her documented falls with injury. This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 4 of 7 medications administered to 1 of 1 client observed during medication administration (client #4) to administer medications as ordered without error. Findings include: A morning observation was conducted at the group home on 12/14/12 from 5:50 A.M. until 7:50 A.M.. At 7:02 A.M., client #4 received her morning prescribed medications. Direct Support Professional (DSP) #1 administered her "Aspirin 81 mg (milligram) (pain) chew tablet...1 tablet orally once a day...chew tablet before swallowing...Take with food/meal...Nabumetone 250 mg tablet...1 tablet orally twice daily...Take with food/meal...Omeprazole 20 mg capsule (GERD)...1 capsule orally once a day...Take with food/meal...Prednisone 5 mg tablet ...1 tablet orally once a day...Take with food/meal." Client #4 swallowed her medication. Client #4 was not prompted to chew and did not chew her medication and did not take her	W0369	The Community Services Nurse is working with the pharmacy to get specific medication directions like “with meal”, “on empty stomach”, “with plenty of water” etc. written on MAR in addition to the medication blister pack by 1/14/13. February 2013 orders will reflect this clarification. To ensure future compliance, Community Services Nurse will review new MARs prior to distribution for all clients. A memo will be sent to the staff to give new instructions, and a follow-up phone call will confirm understanding.	01/14/2013

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	medications with food/meal. Client #4 ate her breakfast at 7:40 A.M.. Review of the medication labels at 7:05 A.M., indicated: "Aspirin 81 mg (milligram) (pain) chew tablet...1 tablet orally once a day...chew tablet before swallowing...Take with food/meal...Nabumetone 250 mg tablet...1 tablet orally twice daily...Take with food/meal...Omeprazole 20 mg capsule (GERD)...1 capsule orally once a day...Take with food/meal...Prednisone 5 mg tablet ...1 tablet orally once a day...Take with food/meal." An interview with the nurse was conducted on 12/14/12 at 3:10 P.M.. The nurse indicated staff should administer all medications as prescribed. The nurse further indicated staff should follow directions on medication labels on medication packets. This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			

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W0388	483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed for 1 of 1 client observed during morning medication administration (client #4), to have the medication labeled from the pharmacy. Findings include: A morning observation was conducted at the group home on 12/14/12 from 5:50 A.M. until 7:50 A.M.. Client #3's medications were administered by Direct Support Professional (DSP) #1 at 7:02 A.M.. A bottle of Fluticasone Propionate Nasal spray (allergies) was taken from client #4's clear plastic medication bin. The bottle did not contain client #4's name or instructions for administration. The nasal spray was not in packaging with a label. The bottle did not contain a pharmacy label. Review of the Medication Administration Record (MAR) dated 12/1/12 to 12/31/12 was conducted on 12/14/12 at 7:10 A.M. and indicated: "Fluticasone Propionate Nasal spray...50 mcg (micrograms)...1 to 2 sprays in each nostril daily." An interview with the Licensed Practical	W0388	Community Services Nurse will obtain a label for this client's nasal spray by 1/14/13. Staff will be re-trained to keep all medications in their labeled containers. To ensure future compliance, Community Services Nurse will visit homes bi-weekly to ensure all medications are labeled and obtain new labels for any that are missing.	01/14/2013

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W9999	Nurse (LPN) was conducted on 12/14/12 at 3:10 P.M.. The LPN indicated all medications should have a pharmacy label on them. This deficiency was cited on 10/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)	W9999	For W9999 there was no official tag listed on survey.	01/11/2013